

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Southern

District of

Texas

Michael Ted Lamb #790214

SUMMONS IN A CIVIL CASE

V.

Richard Crites, et al

CASE NUMBER: C-11-027

United States Courts
Southern District of Texas
FILED

APR - 8 2011

David J. Bradley, Clerk of Court

RECEIVED
UNITED STATES MARSHAL
11 MAR 30 PM 1:53
CORPUS CHRISTI, TEXAS
SOUTHERN TEXAS

TO: (Name and address of Defendant)

Correctional Officer Lisa Hasette c/o
Kent Sullivan, First Assistant Attorney General
Office of the Attorney General
PO Box 12548
Austin, TX 78711

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Ted Lamb
#790214
McConnell Unit
3001 S Emily Dr.
Beeville, TX 78102

an answer to the complaint which is served on you with this summons, within 30 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

David Bradley, Clerk of Court

CLERK

03/30/2011

DATE

(By) DEPUTY CLERK

Dori Coyce

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

| | |
|--|-------------------------|
| Service of the Summons and complaint was made by me ⁽¹⁾ | DATE <u>04/08/11</u> |
| NAME OF SERVER (PRINT) <u>Ryan Evans</u> | TITLE <u>DUSM</u> |

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): 03/24/11 - Mailed, Certified mail # 7005 1160 0005 3481 1112
04/04/11 - Delivered/signed for mail #
04/08/11 - Return receipt delivered to USMS

STATEMENT OF SERVICE FEES

| | | |
|--------|----------|-------|
| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

04/04/11
Date

Signature of Server

Ryan Evans
 U.S. Marshals Service
 1133 N. Shoreline Blvd., Ste 109
 Corpus Christi, TX 78401

Address of Server

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Correctional Officer Lisa Hasette
Kent Sullivan, First Assistant Attorney General
PO Box 12548
Austin, TX 78711

COMPLETE THIS SECTION ON DELIVERY

| | | |
|--|---|--|
| A. Signature <u>X</u> | | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) <u>RECEIVED IN MAIL CENTER</u> | C. Date of Delivery <u>APR 04 2011</u> | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | |
| 4. Restricted Delivery? (Extra Fee) | | <input type="checkbox"/> Yes |

2. Article Number

(Transfer from service label)

7005 1160 0005 3481 1112

(1) As to who n

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | | | |
|--------------------------------|--|----------------|--|
| PLAINTIFF | Michael Ted Lamb | #790214 | COURT CASE NUMBER CA-C-11-27 |
| DEFENDANT | Richard Crites, et al | | TYPE OF PROCESS Summons |
| SERVE ➔ AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Correctional Officer Lisa Hasette c/o Kent Sullivan, First Asst Atty General | | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) PO Box 12548 Austin, TX 78711 | | |

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Clerk
U.S. District Court
1133 N. Shoreline Blvd., Room 208
Corpus Christi, TX 78401

| | |
|---|----------|
| Number of process to be served with this Form - 285 | 1 |
| Number of parties to be served in this case | 2 |
| Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

RECEIVED
 UNITED STATES MARSHALS SERVICE
 11 MAR 30 PM 5:30
 CORPUS CHRISTI, TEXAS
 SOUTHERN TEXAS

Signature of Attorney or other Originator requesting service on behalf of:

☒ **Court**☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

361-888-3142

DATE

03/30/11**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

| | | | | | |
|---|---------------------------|-------------------------------------|------------------------------------|--|-------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No. 79 | District to Serve No. 79 | Signature of Authorized USMS Deputy or Clerk | Date 04/08/11 |
|---|---------------------------|-------------------------------------|------------------------------------|--|-------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

| | |
|------------------------------------|-------------------|
| Date of Service 04/04/11 | Time pm |
|------------------------------------|-------------------|

Signature of U.S. Marshal or Deputy

| | | | | | | |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

03/31/11 - Mailed, Certified mail # 7005 460 0005 3481 412
04/04/11 - Delivered/Signed for mail # "
04/06/11 - Return receipt delivered to USMS